

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment						Work Assignment Number 3-43				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-D-14-032			Contract Period 09/16/2014 To 09/15/2019			Title of Work Assignment/SF Site Name				
			Base Option Period Number 3			Air Pollution Health Messaging				
Contractor INDUSTRIAL ECONOMICS, INCORPORATED					Specify Section and paragraph of Contract SOW 3, 4, 5, 8					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance From 09/16/2017 To 09/15/2018					
Comments: THE WORK ASSIGNMENT INCLUDES 100 HOURS FOR PREPARATION OF THE WORKPLAN/COST ESTIMATE AND TO BEGIN THE WORK ASSIGNMENT. THE CONTRACTOR SHALL PROPOSE THE HOURS NECESSARY TO COMPLETE ALL TASKS. NO PREVIOUSLY PERFORMED WORK SHALL BE DUPLICATED. SEE ATTACHED SOW.										
<input type="checkbox"/> Superfund					Accounting and Appropriations Data					<input checked="" type="checkbox"/> Non-Superfund
SFO <input type="checkbox"/> Note: To report additional accounting and appropriations date use EPA Form 1900-69A. (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:				LOE:				
09/16/2014 To 09/15/2019										
This Action:										
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:					Cost/Fee			LOE:		
Cumulative Approved:					Cost/Fee			LOE:		
Work Assignment Manager Name Ray Garlington							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number: 919-966-6269			
							FAX Number:			
Project Officer Name Carolyn Blake							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number: 919-541-5256			
							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number:			
							FAX Number:			
Contracting Official Name Natalia Fisher-Jackson							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number: 919-541-3564			
							FAX Number:			